

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101573,186

FILING DATE

3-23-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1			
2			2			
3			2			
4			1			
5			1			
6			1			
7			1			
8			1			
9			1			
10			2			
11			1			
12			1			
13			1			
14			1			
15			1			
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44			1			
45			1			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.			1			
TOTAL DEP.			7			
TOTAL CLAIMS			8			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						